

109000096010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000307822540

01/19/18--01015--017 \*\*25.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

18 JAN 19 PM 2:49

FILED

JAN 22 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Manco Florida Associates, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Mandelbaum  
Name of Person

Manco Florida Associates, LLC  
Firm/Company

80 Main Street, Suite 510  
Address

West Orange, NJ 07052  
City/State and Zip Code

Bethc@mandelbaumfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Cumming at ( 973 ) 325-0011  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Manco Florida Associates, LLC

2. (a) c/o Mandelbaum & Mandelbaum (b) c/o Mandelbaum & Mandelbaum

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

80 Main Street, Suite 510

80 Main Street, Suite 510

West Orange, NJ 07052

West Orange, NJ 07052

October 5, 2009

L09000096010

3. Date of filing/registration in Florida

4. Document number

5. (a) Mark A. Ebelini

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1625 Hendry Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Third Floor

Fort Myers, FL 33901

(b) Matthew Blackshear, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Shutts & Bowen

NEW Registered Office Address:

4301 West Boy Scout Boulevard, Suite 300

Tampa, FL 33607

FILED  
18 JAN 10 PM 2:49  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Mandelbaum

Signature of a member or authorized representative of a member

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00